

still exposed to precisely the same exciting causes, he has been free from pain, requiring only an occasional resort to the battery.

In several cases of subacute rheumatism, the same treatment has been employed, and it has been attended with uniform success. In a violent attack of pleurodynia, in which topical applications had little or no effect, the pain was much assuaged by the first application; and it entirely disappeared in a couple of days.

In chronic cases, in which the use of the instrument has to be kept up for several months, it is best to suspend it for a few days, after a fortnight's application.

U. S. SHIP VANDALIA, VALPARAISO, October 11, 1859.

ART. XVII.—*Vesico-Vaginal Fistula*. By R. CROCKETT, M. D., of Wytheville, Va.

As the profession are indebted to the ingenuity and skill of Dr. J. M. Sims for the success which now attends this operation, it can be claimed as an American surgical triumph, and I look upon every successful case, now, as adding another green leaf to the wreath that entwines his professional brow.

On the fifth of November last I operated on Mrs. U——, of this county, for vesico-vaginal fistula, a brief report of which I give below.

Mrs. U., aged thirty-two years, was delivered of her first child about three weeks before I was called to see her. Her labour was protracted and painful, and rendered more difficult from a deformity of pelvis, resulting from an unnatural direction of the right ascending ramus of the ischium, contracting the space of the inferior strait so much that embryulcia had to be resorted to. A speedy delivery was rendered the more necessary from the occurrence of a puerperal convulsion a short time before.

Examination.—Found a fistula of sufficient size to admit the forefinger, situated in the right side of the vesical trigone, which she assures me was produced some two months before her confinement, one day whilst weaving. It must have resulted from the lodgment of a calculus there. She has since discharged small lithic acid calculi.

Operation.—Assisted by my son, Dr. Joseph Crockett, she was placed in the usual position directed for that operation. No anæsthetic was administered. After the introduction of the lever speculum the edges were *freely* pared, the silver sutures introduced and clamped as directed by Dr. Sims. When the ends of the sutures were cut, I bent their ends down and pressed them into the shot with the forceps, so as to prevent any irritation.

The patient was placed in bed on her back, in which position she remained, and the self-retaining catheter introduced. Her bowels were con-

stipated by the administration of half a grain of opium every eight hours. Her diet cream and thin crackers with a little coffee, to have water freely when thirsty.

There was no departure from the recommendation of Dr. Sims either in the operation or after treatment, except in this. The doctor says "the patient's comfort is greatly promoted by washing the vulvar opening twice a day or oftener with warm or cold water, as may be preferred."

"For this purpose a common bed-pan is placed under the nates as she lies on the back; when the water may be thrown into the os externum, over the mons, vulva, and inguinal regions by means of a syringe holding some six or eight ounces. The water has to be thrown with considerable force to remove the urinary deposits from the nates and genitals."

I placed an oblong piece of oiled silk under the end of the catheter, pressing a fold gently between the labia, then folding the lower end in such a manner as to convey the urine as it escapes from the end of the catheter into a small, shallow vessel, tapering nearly to a point, placed between the thighs. If necessary the piece of oiled silk can be retained, by fastening a piece of tape to each of the upper ends, and attaching these to the abdomen by small adhesive strips. On the third day an examination was made and I found the sutures all doing well. On the eighth day the union was so perfect, that I removed the sutures, the cicatrix presenting a smooth and beautiful appearance.

The patient was replaced in bed and the recumbent position maintained for a week, and the use of the catheter also.

The bowels were moved on the tenth day by the administration of an enema of flaxseed mucilage. In the mean time not the slightest inconvenience resulted from constipating them that length of time.

The operation was performed eight weeks after she was delivered.

ART. XVIII.—*Tracheotomy for the Removal of a Persimmon Seed.*

By E. MASON, M. D. Wetumpka, Alabama.

ON the 11th of December, 1858, Mr. G. L., of Coosa County, brought his little son to me, and gave the following history of his case: The little fellow, seven years of age, while attempting to bend down a sapling, clinging to it with his hands and feet, his back towards the ground, was taken suddenly ill; his father, who came immediately to him, finding some persimmon seed in his mouth, suspected the difficulty, and sent for Dr. McKenzie, who lived close by. When the doctor arrived, he at once recognized a foreign substance in the trachea, and advised the child to be brought